

Kirk T. Moss, MD., P.C.
11432 Business Blvd. Eagle River, AK. 99577
phone (907) 694-1300 fax (907) 694-1315

Date seen: 2-2-05

Patient Name: JOHN MITCHELL

Employer: _____

WORK STATUS

May resume REGULAR work activities immediately.

May resume MODIFIED work activities immediately.

Temporarily unable to resume any work activities because such activity could place him/her or co-workers at risk.

The period of disability: FROM 2-2-05 TO 2-5-05

To be determined by referral doctor: _____

May resume REGULAR activity on: _____

May resume MODIFIED activity on: _____

Presently unable to determine work date.

WORK LIMITATIONS

Lifting, pushing, pulling not to exceed _____ pounds.

Bending or twisting not to exceed _____ times per hour.

Sitting job only. No climbing or overhead work.

No operation of moving equipment.

Right hand work only. Left hand work only.

Keep wound clean and dry:

Other: _____

FOLLOW-UP CARE/REFERRAL

Discharge from medical care.

Return to see Dr. Moss on: _____

Referred for follow-up care to: _____

Appointment scheduled for: _____

Additional comments: _____

PHYSICIAN

DATE

ATTACHMENT 5